

Foster Family Home - Corrective Action Report

Provider ID: 2-120004

Home Name: Estelle Leslie, CNA

Review ID: 2-120004-8

2290 Awapuhi Street

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 2/10/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/10/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1 - CG 1 had a lapse of the eCrim clearance. This was due by 11/22/18 but not done until 2/21/19.

8.a.1 & 8.a.2 - CG 3 had lapse of APS/CAN, due by 4/13/18 but not done until 2/25/19. The eCrim was due by 10/24/18 but not done until 2/21/19.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment: 43.C.3

Client 1 there is no RN delegation for [REDACTED]

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a - No documented fire drills for December 2019 or January 2020.

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Foster Family Home

Records

[11-800-54]

54.(c)(2)

Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.c.2

Client 1 does not have a current service plan on file. Last is dated 4/23/19 and shows no evidence of having been reviewed or updated.

Client 3 does not have a current service plan on file. The last is dated 3/2019. No evidence of this being reviewed or updated. The service plan also is not signed by the client or POA.

Lori O'Keefe RN
Compliance Manager
[Signature]
Primary Care Giver

2/10/2020
Date
2/10/2020
Date

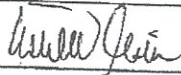
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Estelle Leslie, CNA**

CCFFH Address: **2290 Awapuhi St., Hilo, HI 96720**

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---------------|----------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.a.1 & 8.a.2 | Lapse cannot be corrected | 02/10/2020 | Home understands the background check (eCrim/APS/CAN) requirements. Home will use calendar on iPhone to input all due dates to prevent any future lapses. |
| 43.(c)(3) | RN delegation was done on 02/12/20 | 02/12/2020 | Home will notify client's CMA that RN delegation needs to be performed in times such as when a foley catheter is newly placed. |
| 46.a | Lapse cannot be corrected | 02/10/2020 | Home understands the fire drill requirements. Home developed a schedule and has it posted on a calendar by the workstation and will also utilize calendar on iPhone. |
| 54. (c)(2) | Received copies of missing (current) service plans for both client 1 and client 3; filed in appropriate files. | 02/14/2020 | Home will make sure that a copy of each client's current service plan is received from CMA to file in each client's individual folder. |

Primary Caregiver's Signature: _____



Print Name: **Estelle Leslie**

Date of Signature: 2/15/2020